STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942866	05/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARDS OF HORIZON LLC (THE)	26455 RAMPART BLVD. PUNTA GORDA, FL 33983

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced biennial survey was conducted on and at Courtyards of Horizon LLC, an Assisted Living Facility in Punta Gorda, Florida.

The following is a description of the deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure resident Health Assessments were complete for 3 (Resident #6, #13, and #14) of 3 residents records reviewed.

The findings include:

Record review on for Resident #6 revealed the Health Assessment AHCA Form 1823, dated /, was missing information under Section 2 regarding medication needs and medications.

Record review on for Resident #16 revealed the Health Assessment AHCA Form 1823, dated , was missing information under Section 1 regarding medication needs and medications, diet, communicable status, bedridden status, status, danger or needs and assisted living facility appropriateness.

Record review on for Resident #14 revealed the Health Assessment AHCA Form 1823, dated , was missing information under Section 1 regarding medication needs and medications, diet, communicable status, bedridden status, status, danger or needs and assisted living facility appropriateness.

2. On at at 3:15 p.m., the administrator said, "yes, these forms should have been completed."

Class III

0009 Admissions - Admission Package

Based on record review and interview, the facility failed to ensure the admission packet contained all required information. Failure to include information may prevent residents and future residents from entering into an agreement without full information.

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The findings include:

Record review on revealed the admission packet lacked the following:
Admission, retention and discharge policy;
possession and consumption policy;
Medication Storage policy;
, neglect and reporting policy;
Administration schedule;
Control, Sanitation and Universal Precaution policy; and
Third Party Coordination policy.
The admission packet also had an incomplete grievance policy as it was missing the verbiage, "retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right."

On at 4:00 p.m. the administrator said he did not know he was missing information.

Class III

0025 Resident Care - Supervision

Based on observation, record review, and interviews, the facility failed to maintain documentation of significant changes for 1 (Resident #13) of 1 resident with pressure sores of 22 residents reviewed.

The findings include:

1. Observation on at 2:05 p.m., revealed Resident #13 had a pressure on her . The pressure was a , approximately dime size, and medium to dark pink, with no drainage.

2. Record review on for Resident #13 revealed there was no documentation regarding the pressure or hospice.

3. On at 2:05 p.m., Staff C said Resident #13 hasn't been able to get out of her bed in weeks. She needs help with everything. She eats in her . Resident #13 used to be on Hospice, but was removed from hospice on / .

On at 2:05 p.m., the Administrator agreed there should have been documentation in the resident's file.

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Class III

0026 Resident Care - Social & Leisure Activities

Based on record review, observation, and interview, the facility failed to provide an ongoing activities program at least 6 days a week for 5 (Residents #1, #2, #3, #15 and #16) of 10 residents interviewed and a confidential resident interview.

The findings include:

1. Review of the Activities Calendar for indicated: 9:00-10:00 Sittercise, - Walmart, - Monopoly, 1:15-2 one on one, 2-3 bingo. Activity Calendar for indicated: 9-10 Sittercise, 10-11:30 nails, 1:15-2:00 one on one, and 2-3 A to Apples.

2. Observation on at 9:00 a.m. found 4 out of 34 residents leaving the facility for a trip to Walmart. No other scheduled activities were observed being offered by staff throughout the day. A check of the activity 2:15 p.m. found the door locked and no one within. On activity offering was Sittercise from 9-10 in the television . Observation of the television that time showed 2 staff members sitting on the sofa talking with each other and 5 residents sitting in chairs watching television. Activity from 10-11:30 was nails in the activity . Check of the activity 10:35 a.m. found the activity be closed and locked. No nail activity being offered.

3. On / at 10:20 a.m., Resident 1 said there's not a lot of activity. It is on a board but nobody participates. They go to Walmart. Everybody else just sits around. The staff will try for a day or two then they give up.

4. On at 10:38 a.m., Resident 2 said it can be really boring and depressing. They tried to get activities going, but they aren't the kind of activities Resident 2 likes and they don't want to put out the money for activities.

5. On / at 11:00 a.m., Resident 3 was asked about activities and said "What activities?" On Mondays they go to Walmart and Friday they go to Dollar General. If a resident uses a wheelchair they can't go because there is no wheelchair transport.

6. On at 10:15 a.m., Resident 15 said bingo was stopped and there has been nothing else offered.

7. On at 10:25 a.m., Resident 16 said they offer music, television and movies.

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8. On / at 10:40 a.m., a resident, who wished to remain confidential, stated the facility does not have an activity department. The med techs push medications and can't do activities. The activity locked. The only activities are self-made. If you find a game you would like to play, you must then find someone else to play. There are no activities.

9. On at 2:00 p.m., Staff E said she moved into the activities director position several weeks ago. Stated she was not in the facility / and when she is out another staff person is supposed to do activities. She does not know why they weren't offered. She said that on she was in the building but was pulled to work as a resident aide instead and this had also happened the previous Friday, . She said when she is pulled to work as a resident aide, no one covers activities.

10. On at 1:30 p.m., the Administrator said he employees a full time activity director. He said the activity director is sometimes pulled to work as a resident aide but states he does not know why she would have been pulled on 3 as there was plenty of staff.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to ensure all residents were treated with dignity and respect, and lived in a safe, clean environment for all residents who eat in the dining one confidential resident.

The findings include:

1. On at 10:40 a.m., a resident, who wished to remain confidential, said staff could be friendlier. Some are worse than others. They speak to the residents as if they are , or as if they have . Different ones raise their voices to the residents. This happens when one does not do something fast enough or have to have something repeated.

2. Observation of the dining revealed the facility dining linen table clothes on all but one table. These table clothes were observed to be visibly soiled with food spillage and grim. On , the linen table clothes were observed to be the same one from yesterday and had the same spillage visible on them.

On at 2:30 p.m., Staff F revealed the linen table clothes are washed twice a week. She said the staff are to "wipe" them down after each meal. Staff F then observed the linen table clothes with the

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surveyor and verified they were soiled. She said staff were obviously not wiping them down as they should. She then agreed that linen table clothes would absorb food spillage and "wiping them down" would have little effect.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to obtain a written statement from a health care provider documenting that newly hired staff does not have any signs or symptoms of communicable _____ and/or failed to ensure staff have a freedom from ( ) statement annually for 2 (Staff E and F) of 5 staff reviewed.

The findings include:

Record Review shows Staff E with a hire date of . Staff E works as a direct care aide and activity director. Personnel file contains no written statement from a health care provider documenting that Staff E does not have any signs or symptoms of communicable .
Record review on revealed Staff F was employed on as the cook. Staff F had a _____ test result from / / and a second one from . No other annual statement was in the staff's file.

On at 3:45 p.m., the Administrator said he is unsure why it was not obtained.

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview, the facility failed to ensure the person responsible for food service had two hours of nutritional training annually.

The findings include:

On / at 10:30 p.m., the administrator said the head cook was responsible for ordering the food and maintaining the menus.

Employee record review on revealed Staff F, the head cook, was hired as a cook on . Staff F had a 1-hour training in safe food handling on and again on . Staff F obtained

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certification in Food Handling on . No other nutritional training was present in the employee record.

On . / . at 1:30 p.m., Staff F said she is in-charge of ordering the food and maintaining Food Service. She was unaware of the annual training requirements.

Class III

0090 Training -

Based on record review and interview, the facility failed to ensure that newly hired direct care staff receive at least 1 hour of training in the facility's policy and procedures regarding ( ) for 3 (Staff B, C, and E) of 4 staff reviewed.

The findings include:

1. Record Review on / showed Staff E with a hire date of . Staff E works as a direct care aide and activity director. The personnel file contained no documentation that Staff E received at least 1 hour of training in the facility's policy and procedures regarding .

Record review on showed Staff B was hired as a direct care aide on / . The record contains no training in the facility's policy and procedure for .

Record review on / showed Staff C was hired as a direct care aide on ./ / . The record contains no training in the facility's policy and procedure for .

2. On at 2:30 p.m., the administrator verified some of the training documentation lacked evidence of any training. He was unable to say why there was no training for this policy.

Class III

0091 Training - Documentation & Monitoring

Based on record review, and interview, the facility failed to ensure all training certificates, or copies of certificates, of any training required include the following documentation: 1. The title of the training program; 2. The subject matter of the training program; 3. The training program agenda; 4. The number of hours of the training program; 5. The trainee's name, dates of participation, and location of the training program; 6. The training provider's name, dated signature and credentials, and professional

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license number, if applicable for 4 (Staff B, C, E, and F) of 5 staff files reviewed.

The findings include:

1. A review of the personnel records of Staff B, C, E, and F, who are direct care staff, revealed the facility was providing training certificates. The facility provided certificates had the facility's name, the title of the course, the name of the staff, the date and hour(s) of the training and the signature of the trainer. The certificates lacked the subject matter of the training and the agenda of each training. The training also lacked the trainers dated signature and the credentials of the trainer.

2. On / at 4:00 p.m. the Administrator said, he had been reviewed in the past and no one had pointed out the problem with the training documentation. He verified he had attended Core training, but did not know of the specific documentation requirements.

Class

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to have on hand a 3-day supply of nonperishable food.

The findings include:

1. On at 1:30 p.m., observation of the pantry where the 3-day food supply was stored revealed 7 boxes of non-fat dry milk with sell by dates of , 2014; 12 double-pack boxes of cereal with use by dates ranging from , 2014 through , 2016; Peanut butter with a use by date of , 2016; and a box containing 6 large cans of Ravioli with a use by date of , 2013.
Although there were other starches present. The out of date non-fat dry milk was the only non-perishable milk in the supply.

2. On / at 1:45 p.m., the head cook said she was responsible for ordering the food. She said she maintains the emergency supply and checks it periodically. She said she did not realize the food items were out of date. She said she would remove the out dated supplies and replace them.

Photos on File

Class III

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0152 Physical Plant - Safe Living Environ/Other

Based on observation, and interview, the facility failed to provide a safe living environment, maintained free of hazards and ensure that all existing electrical structures are maintained in good working order for both of the two wings of the facility.

The findings included:

1. During tour of the facility on / the following was observed:
105, 107, 109, 117, 121, and 150 were observed to have stained tile and caulking surrounding the toilets.

Toilets in 117, 121, and activity were observed to have dried fecal matter.
Floors in resident showed built up dirt in 109, 121 and 147.

Metal doors leading to the courtyard from the dining from the hallway to the smoking area had dents and large areas of peeled paint.

Activity , the wall had exposed wires and a chair with a brown stain on the seat.
The carpeted areas in hallways and the dining observed to have large stained areas.
The wall behind the ice maker in the dining built up dirt.

The dining 2 screws sticking out from wall approximately 1 inch each at chest level near the fire alarm.

- call bell system - gaps around it. had stained linoleum and black grout.
- blackened grout around toilet and stained linoleum around toilet.
- had wall damage, dirty grout around the toilet and stained, dirty linoleum.
- had wall damage, floor stain around the toilet.
- had wall damage, the floor around toilet was stained, there was a grim stain on door/jam.
- had dirty carpet.
- had blackened grout by the toilet and wall damage over air conditioning unit.
- had wall damage around call system, soiled and stained carpet. The resident said the carpet had been cleaned two months ago, but the stains had been there since she moved in. The floor had cracked linoleum in the .
- had floor stains in .
- floor stains under toilet, blacked grout around the toilet and wall damage.
- had damage to the cabinet by the sink.

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- had a carpet stain in front of chair, and floor stained in the .
- red ink writing on the walls.
- had brown stains on the floor tiles; the trim around the counter top was peeling off, and a light bulb was out above the countertop around the sink in the main .
- had the ceiling fan knob missing.
- had the ceiling fan knob missing.

The dining had food particles on it and multiple brown stains, the cover was missing on an electrical outlet under the windows, and the doors leading into the kitchen area had paint chipped off of them.

2. On at 3:45 p.m., the Administrator questioned why no one has brought all this stuff up to him previously so he wouldn't be hit with such a big list all at once. He said there was no housekeeping over the weekend.

Class III

0161 Records - Staff

Based on interview and record review, the facility failed to maintain in the personnel files, a copy of the job description given to each staff member for 1 (Staff E) of 5 personnel files reviewed.

The findings included:

1. Record review on revealed Staff E's personnel file did not include a job description for activity director.

2. On at 2:00 p.m., Staff E said she had only been in her new position as activity director a few weeks, having moved up from her previous position as Resident Aide.

On at 3:30 p.m., the Administrator said he employees a full time activities director. At 3:45 p.m., the Administrator said that the job description should be in the file.

Class III

0167 Resident Contracts

Based on record review and interview, the facility failed to include all required information of the facility

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contract. Lack of the required information may lead to an uninformed resident, not contracting for all services needed, or assuming services, rights not provided.

The findings included:

1. Record review on revealed the facility contract did not include the following:
A) The health assessment be up-dated after each significant change and/or every 3 years after admission.

B) Contracted to provide "transportation for shopping, banking, and doctor appointments on a regular scheduled basis." However, on / at 10:00 a.m., Resident #4, who uses a motorized chair, verified the facility van has no access for a wheel chair or motorized scooter, and therefore, she cannot attend the shopping activities or go to the doctors for free. She must purchase a ride form another source.

C) The contract had both a move-in fee and a fee with no purpose noted for these advanced payments.

D) The schedule of fees included a $500.00 damage deposit for "electric cart damage." This is a violation of the Fair Housing Act.

E) The ancillary charge sheet did not include: the maintenance fee described on page 9 of the handbook, the beauty salon charges described in the handbook.

F) The "Courtyard - Levels of Care" document showed "Level 1 - Basic Rate" included "private accommodations." The facility has 10 double since turning resident into an activity , a to a home health agency and another rented to a rehabilitation agency.

G) The contract provided for daily housekeeping of the resident . The handbook said weekly housekeeping.

H) The contract was missing the required language, if anyone required care beyond that the facility could provide and had no one to represent them, the facility would refer them to the local social services for assistance with placement.

I) The contract did not include how the facility was going to provide assistance with medications, and qualification of those staff providing the assistance, and an over-the counter medication policy.

J) The contract did not include a Policy.

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2. On at 3:30 p.m. the Administrator said he did not know the contract was missing information. It had been reviewed before and no one told him. The Administrator verified he had attended ALF Core training.

Class III

Z813 Results of Screening & Notification in File

Based on record review, and interview, the facility failed to maintain the signed background attestation in 3 (Staff B, C and E) of 5 employee personnel files reviewed.

The findings include:

1. Record review on of employee personnel files showed Staff B, C, and E's files failed to contain a signed Background Screening Attestation.

Record review on showed Staff B was hired as a direct care aide on
Record review on showed Staff C was hired as a direct care aide on
Record review on showed Staff E was hired as a direct care aide on
2. On at 3:45 p.m., the Administrator said he thought if he had a copy of the employee screening in the file he didn't need to have the signed attestation in the personnel file.

Unclassified

Z814 Background Screening Clearinghouse

Based on record review, and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse and report any changes of status within 10 business days.

The findings include:

1. Review of the current staff list provided by the Administrator showed 20 current employees. AHCA Background Screening Roster provided by Administrator showed 54 employees. Of the 20 current employees, 9 are listed on the Background Screening Roster. None of the 45 terminated employees listed on the Background Screen Roster HAD an end date.

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2. On at 3:45 p.m., the Administrator verified the Background Screening Roster was not up to date.

Unclassified

Z816 Background Screening-Compliance Attestation

Based on record review, and interview, the facility failed to ensure that persons subject to screening had not had a break in service from a position that requires a level 2 screening for more than 90 days for 1 (Staff E) of 5 staff reviewed.

The findings include:

1. On , record review of the employee record for Staff E showed a hire date of as a direct caregiver. The file contained Staff E's job application. The prior work history did not show previous qualified employment requiring a Level II background screening. Staff E worked at a sporting goods store from / / to / / . No other employment was documented on the application. Review of the Background Screening Results in the personnel file showed an eligibility date of . A new screening for eligibility was not completed until . Upon hire on / /, Staff E had a 369-day break since her screening. Staff E worked from / / to without an eligible screening.

2. On / / at 3:45 p.m., the Administrator had no explanation why there was a delay in screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Courtyards Of Horizon Llc (the)
26455 Rampart Blvd.
Punta Gorda, FL 33983

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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